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7590

01/14/2005

Fay Sharpe Fagan
 Minnich & McKee LLP
 1100 Superior Avenue Seventh Floor
 Cleveland, OH 44114-2518

02/03/2005 JBALINA2 00000074 240037 09662098

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/662,098	09/14/2000	Katherine E. Hayes	XER 2 0347 D/99182	1477

TITLE OF INVENTION: METHOD AND APPARATUS FOR SUPPORTING LINE-CONDITIONED DATA STREAM (LCDS) DATA IN A NETWORKED JOB-ORIENTED PRINTING ENVIRONMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLERSON, MARK E	2626	358-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fay, Sharpe, Fagan,
 2 Minnich & McKee, LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Xerox Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stamford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

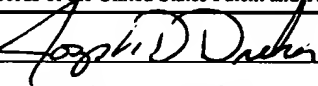
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

February 1, 2005
Typed or printed name Joseph D. DreherRegistration No. 37,123

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